

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **07/16/2010 15:44** Facility: **POLUNSKY (TL)**

Age: **51 Years** Race: **W** Sex: **Male**

Most recent vitals from 07/16/2010: **BP: 139 / 74 (Sitting) ; Wt: 175 Lbs.; Height: 70 In.; Pulse: 72 (Sitting) ; Resp: 16 / min; Temp: 96.8 (Oral)**

Allergies: **NO KNOWN ALLERGIES**

Patient Language: ENGLISH Name of interpreter, if required:
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IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRazole 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:
cr has ibup for ha

Procedures Ordered:

BP CHECK SERIES REQUEST/ORDER (BP) {CNDB}: medical cars 1

Electronically Signed by ZOND, ALAN D.O. on 07/16/2010.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **07/16/2010 07:35** Facility: **POLUNSKY (TL)**

Age: **51 Years** Race: **W** Sex: **Male**

Most recent vitals from 07/16/2010: **BP: 139 / 74 (Sitting) ; Wt: 175 Lbs.; Height: 70 In.; Pulse: 72 (Sitting) ; Resp: 16 / min; Temp: 96.8 (Oral)**

Allergies: **NO KNOWN ALLERGIES**

Patient Language: ENGLISH Name of interpreter, if required:
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IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

S:nsc for needing to use nail clippers

O:excessive toenail and fingernail length.

A:

Plan is as follows: pt taken to legal visit room, given clippers and nails were clipped without incident

Procedures Ordered:

NURSING LEVEL 1 COMPLETE VISIT: np - corn/callus/nail care

Electronically Signed by POPE, TERESA M R.N. on 07/16/2010.
##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: **AUSTIN, PERRY A** TDCJ#: **999410** Date: **06/04/2010 15:43** Facility: **POLUNSKY (TL)**

Age: **50 Years** Race: **W** Sex: **Male**

Most recent vitals from 02/18/2010: **BP: ; Wt: ; Height: 70 In.; Pulse: ; Resp: ; Temp:**

Allergies: **NO KNOWN ALLERGIES**

Patient Language: ENGLISH Name of interpreter, if required:
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IBUPROFEN 800MG TABLET, 1 TABS ORAL BID
OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

cr refused bp checks

Electronically Signed by ZOND, ALAN D.O. on 06/04/2010.
##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/10/2010 15:15 **Facility:** POLUNSKY (TL)
Age: 50 Years **Race:** W **Sex:** Male
Most recent vitals from 02/18/2010: BP: ; Wt: ; Height: 70 In.; Pulse: ; Resp: ; Temp:
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID
SALSALATE 500MG TABLET, 1 TABS ORAL BID

Today's Problem:

S:cr bp checks not done

Electronically Signed by ZOND, ALAN D.O. on 03/10/2010.
Electronically Signed by EPPOLITO, DONNA E L.V.N. on 03/10/2010.
Electronically Signed by PARKER, JENNIFER D CCA on 03/11/2010.
Electronically Signed by MARTIN, REMEMBER C CCA on 03/11/2010.
Electronically Signed by DELGADO, CYNTHIA L L.V.N. on 03/11/2010.
Electronically Signed by GRAY, JACQUELINE L.V.N. on 03/12/2010.
Electronically Signed by ROGERS, TAMMIE P L.V.N. on 03/12/2010.
Electronically Signed by DUNEGAN, GAYLE R L.V.N. on 04/03/2010.
##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 01/29/2010 10:35 **Facility:** POLUNSKY (TL)

Procedures Ordered:

*HEPATITIS C VIRUS ANTIBODY [HCV] {HPAHEPHVHPESLD}:

observation for unspecified suspected condition

HEPATITIS C VIRUS QUAL BY PCR (HCVQUALPCR): observation for
unspecified suspected condition

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): observation for unspecified
suspected condition

*CBC W/DIFF {DMCD PSYLBPSZDBHVCNESLDAHEPHP}: observation for
unspecified suspected condition

*HEPATIC FUNCTION PANEL (LFP) {PSYLDMCD}: observation for
unspecified suspected condition

Electronically Signed by BEHRNS, ROBERT M.D. on 01/29/2010.

##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/17/2009 12:55 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

vr pe do not reschedule

Electronically Signed by ZOND, ALAN D.O. on 08/17/2009.

Electronically Signed by MARTIN, REMEMBER C CCA on 08/18/2009.

Electronically Signed by PARKER, JENNIFER D CCA on 08/18/2009.

##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/14/2009 13:48 **Facility:** POLUNSKY (TL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

OMEPRAZOLE 20MG CAPSULE, 1 CAPS ORAL BID

Today's Problem:

ns pe security reasons
please reschedule

Electronically Signed by ZOND, ALAN D.O. on 08/14/2009.
Electronically Signed by PARKER, JENNIFER D CCA on 08/14/2009.
Electronically Signed by MARTIN, REMEMBER C CCA on 08/18/2009.
##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/10/2009 13:46 **Facility:** POLUNSKY (formerly TERRELL)
Age: 50 Years **Race:** W **Sex:** Male
Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

cr tylenol 325 2 po bid x 30 kop ifa rf x 2

Electronically Signed by ZOND, ALAN D.O. on 06/10/2009.
Electronically Signed by SHAFER, MARGARET T on 06/10/2009.
Electronically Signed by PARKER, JENNIFER D CCA on 06/10/2009.
Electronically Signed by WILLIAMS, BERNADINE PCA on 06/12/2009.
Electronically Signed by FRANKLIN, TONYA FCSR on 06/12/2009.
Electronically Signed by MCINTOSH, CHRISTINA L CMA on 06/15/2009.
Electronically Signed by MARTIN, REMEMBER C CCA on 06/16/2009.
Electronically Signed by FOXWORTH, ARIANA FCSR on 06/17/2009.
Electronically Signed by MUDD, PAMELA F on 06/22/2009.
Electronically Signed by PRICE, PATRICIA L FCSR on 07/17/2009.
##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/17/2008 12:22 **Facility:** POLUNSKY (formerly TERRELL)

Age: 48 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

cell side security reasons

worsening gerd

nad

Plan is as follows:

dc ibuprofen

nort 50 1 po bid x 30 rf x 11

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): reflux esophagitis

Electronically Signed by ZOND, ALAN D.O. on 03/17/2008.
##And No Others##

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/10/2008 11:15 **Facility:** POLUNSKY (formerly TERRELL)

Age: 48 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

cr
ibup 800 1 po bid x 30 kop rf x 2

Electronically Signed by ZOND, ALAN D.O. on 03/10/2008.
##And No Others##

Correctional Managed Care
CLINIC NOTES - MID LEVEL PROVIDER

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 11/08/2006 07:51 **Facility:** POLUNSKY (formerly TERRELL)

Age: 47 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

S: scr for eyes hurting , throbbing pain
eyes get blurry after reading 5 min

O: bil lower conjunctiva w/ cobblestoning

A: allergic conjunctivitis

Plan is as follows:

meds- naphcon -a 2 drops ea eye bid x 30 days, no rf-kop
start 11/10/06 ibuprofen 600 mg 1 po bid x30 days,2 rf-kop

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: conjunctivitis nos

Electronically Signed by OVERBECK, DEANNA E NP on 11/08/2006.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER

Patient Name: AUSTIN, PERRY A TDCJ#: 999410 Date: 08/11/2006 08:06 Facility: POLUNSKY (formerly TERRELL)

AGE: 47 Years RACE: W SEX: Male

CASE SUMMARY**Problems:****Cars:**

Mental Health Cars 0 First Observed 12/22/2005 07:56AM

Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM

Reflux Esophagitis First Observed 11/01/2002 12:00AM

Heartburn First Observed 03/15/2004 08:11AM

Vision First Observed 05/13/2004 10:35AM

Backache First Observed 02/02/2005 07:27AM

No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 08/11/2006: BP: 120 / 82 (Sitting) Wt. 167 Lbs. Height 70 In. Pulse: 64 (Sitting) Resp.: 14 / min Temp: 98 (Oral)

Patient Language: ENGLISH	Name of interpreter, if required:
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Chief Complaint:

scr for ha, eyes, gas

states when gas gets sprayed he has reaction of vomiting

even if he is in general vicinity and not the one being sprayed

wants to know what is happening w/ referral to optom, last glasses from 99

o-pt does not have glasses w/ him today

fundoscopic exam neg

a- headache

viusal complaints

Plan is as follows:

please schedule nsc fo va- pt already informed to bring glasses w/ him

meds- ibuprofen 600 mg 1 po bid x 30 days, 2 rf-kop

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: vision

Electronically Signed by OVERBECK, DEANNA E NP on 08/11/2006.

##And No Others##

CORRECTIONAL MANAGED CARE**MD/MLP CHART REVIEW**

Patient Name: AUSTIN, PERRY A **MRN#:** 999410 **Date:** 08/08/2006 07:10 **Facility:** POLUNSKY (formerly TERRELL)
AGE: 47 Years **RACE:** W **SEX:** Male

CASE SUMMARY**Problems:****Cars:**

Mental Health Cars 0 First Observed 12/22/2005 07:56AM

Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM

Reflux Esophagitis First Observed 11/01/2002 12:00AM

Heartburn First Observed 03/15/2004 08:11AM

Vision First Observed 05/13/2004 10:35AM

Backache First Observed 02/02/2005 07:27AM

No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/17/2006: BP: 140 / 83 (Sitting) Wt. 172 Lbs. Height 70 In. Pulse: 80 (Sitting) Resp.: 14 / min Temp: 98.3 (Oral)

Patient Language:	Name of interpreter, if required:
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Chief Complaint:

scr for rxn to pepper spray,migraines,renew ranitidine

refused visit

Plan is as follows:

do not reschedule,must resubmit scr

Electronically Signed by OVERBECK, DEANNA E NP on 08/08/2006.

Electronically Signed by ZOND, ALAN D.O. on 08/08/2006.

###And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/17/2006 07:46 **Facility:** POLUNSKY (formerly TERRELL)

AGE: 47 Years **RACE:** W **SEX:** Male

CASE SUMMARY

Problems:

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM

Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM

Reflux Esophagitis First Observed 11/01/2002 12:00AM

Heartburn First Observed 03/15/2004 08:11AM

Vision First Observed 05/13/2004 10:35AM

Backache First Observed 02/02/2005 07:27AM

No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM

Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/17/2006: BP: 140 / 83 (Sitting) Wt. 172 Lbs. Height 70 In. Pulse: 80 (Sitting) Resp.: 14 / min Temp: 98.3 (Oral)

Patient Language:	Name of interpreter, if required:
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Chief Complaint:

scr for needs ranitidine renewed. pt states needs something stronger

has already cut down to one cup of coffee per day

and only thing he buys from commissary is soups

o- abd soft, nt normoactive bs

a- reflux

Plan is as follows:

meds- d/c and renew ranitidine 150 mg 2 po bid x 30 days 11 rf-kop

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: reflux esophagitis

Electronically Signed by OVERBECK, DEANNA E NP on 07/17/2006.

##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 04/28/2006 10:36
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM
Dental Cars 1 First Observed 03/27/2006 04:15PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM
Medical Cars 1 First Observed 03/31/2006 11:22AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 04/28/2006: BP: 110 / 68 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 68 (Sitting) Resp.: 18 / min Temp: 97.6 (Oral)

Patient Language, if other than English:	Name of interpreter, if required:
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Chief Complaint:

scr for acid reflux, states he does not have his meds
o-abd soft, mild tenderness esp mid epigastric area
a-gerd

Plan is as follows:

cell searched and ranitidine not found, except an old card w/ 1 pill left in it
will check w/ nursing so that pt can obtain his meds

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): heartburn

Electronically Signed by OVERBECK, DEANNA E NP on 04/28/2006.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/06/2006 09:55 **Facility:** POLUNSKY (formerly TERRELL)

AGE: 46 Years **RACE:** W **SEX:** Male

CASE SUMMARY**Problems:****Cars:**

Mental Health Cars 0 First Observed 12/22/2005 07:56AM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM

Reflux Esophagitis First Observed 11/01/2002 12:00AM

Heartburn First Observed 03/15/2004 08:11AM

Vision First Observed 05/13/2004 10:35AM

Backache First Observed 02/02/2005 07:27AM

No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/27/2005: BP: 126 / 84 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 76 (Sitting) Resp.: 16 / min Temp: 98 (Oral)

Patient Language:	Name of interpreter, if required:
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S: C/o blurred vision, occasional headaches, and occasional nose bleeds.

O: NAD. Pleasant/cooperative. PERRLA. Bilateral fundus exams unremarkable.

No photophobia, no nausea, no vomiting. ENT exam unremarkable. Nasal turbinates patent, no edema, no erythema, no bleeding, no drainage.

A: Decreased Visual Acuity, Headache

P: Patient states that he has purchased Ibuprofen from commissary and does not need me to order any Ibuprofen for him.

Visual Acuity Test done by Ms. Lambert.

I plan to refer to Estelle for eye exam.

RTC if problems persist or worsen.

Electronically Signed by HANSON, JANICE L NP on 02/06/2006.
##And No Others##

CORRECTIONAL MANAGED CARE

MD/MLP CHART REVIEW

Patient Name: AUSTIN, PERRY A **MRN#:** 999410 **Date:** 08/30/2005 11:38 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/27/2005: BP: 126 / 84 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 76 (Sitting) Resp.: 16 / min Temp: 98 (Oral)

Patient Language:	Name of interpreter, if required:
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Verbally refused to come to clinic for provider evaluation of back pain per security.

Electronically Signed by HANSON, JANICE L NP on 08/30/2005.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/27/2005 13:33 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Medications:

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 07/27/2005: BP: 126 / 84 (Sitting) Wt. 166 Lbs. Height 70 In. Pulse: 76 (Sitting) Resp.: 16 / min Temp: 98 (Oral)

Patient Language:	Name of interpreter, if required:
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S: Requesting elastic support for elbow and zantac for indigestion.

O: Right elbow exam unremarkable, no edema, no tenderness, no erythema, no bruising.

FROM, NVI.

Abdomen soft, non-tender bsp x 4. No chest pain, no radicular pain, no diaphoresis, no chest pressure.

A: Indigestion

P: Elbow brace not medically indicated.

Ranitidine 150 mg one po bid x 30 x 11 kop.

Electronically Signed by HANSON, JANICE L NP on 07/27/2005.

##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/01/2005 10:41 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Medications: RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 06/01/2005: BP: 132 / 82 (Sitting) Wt. 163 Lbs. Height 70 In. Pulse: 80 (Sitting) Resp.: 16 / min Temp: 98.1 (Oral)

Patient Language:	Name of interpreter, if required:
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S: Requesting chest x-ray due to coughing x 2 weeks, especially at night. States that he was diagnosed with TB in 1989 and received treatment for 6 months.

O: 45 y.o. Hispanic male. NAD. LCTA. No coughing during exam.

A: TB Class 2 Diagnosis

P: **BRIEF OFFICE VISIT (LEVEL 1) *COPAY*:** tb class 2 (infection, no disease pulm. tuberculosis)
CHEST X RAY 2 VIEW: tb class 2 (infection, no disease pulm. tuberculosis)

Electronically Signed by HANSON, JANICE L NP on 06/01/2005.
##And No Others##

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Date & Time	050905
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Notes

S: C/O BACK. Rt hip and leg pain
Security reports that Perry Austin verbally refused to come to medical today. Must re-submit SCR.
Do not reschedule. ——— J. Harrison NP-C

KN Voted 5/9/05 @ 1435 Carina

HSM - 1 (Rev. 5/92)

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/18/2005 07:20
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY**Problems:**

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis Ii First Observed 02/23/2005 08:35AM

Medications:

ACETAMINOPHEN 325MG TABS, 2 TABS ORAL(po) BID
RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Vitals 02/02/2005: BP: 140 / 76 (Sitting) Wt. 169 Lbs. Height 70 In. Pulse: 88 (Sitting) Resp.: 18 / min Temp: 98.4 (Oral)

Patient Language,	Name of interpreter, if required:
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S: Pt seen cell side do to no escorts. C/O LBP. Has Hx of gerd and states Tylenol and OTC Motrin not controlling pain

O: Pt gets up and ambulates to cell with ease, in NAD, no grimace or outward signs of discomfort or pain.

A: LBP

P: Pt educated on LBP, treatment, importance of exercise, and treatment expectations

Will obtain a LS Spine since has continued C/O LS Spine pain.

Will also try short course of Indocin to see if will control pain.

Started Meds:

INDOCIN 25MG CAPS 00006002568 03/18/2005 07:34

1 CAPS ORAL(po) TID Special Instructions:Kop X 14 Days Prn

STOP DATE: 04/01/2005 07:34 REFILLS:

Procedures Ordered:

LUMBAR SPINE X RAY 3 VIEW: backache

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: backache

Electronically Signed by YOUNG, ROBERT A PA on 03/18/2005.

##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/17/2005 13:00 **Facility:** POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM

Medications: RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Most recent vitals from 02/02/2005: BP: 140 / 76 (Sitting) Wt. 169 Lbs. Height 70 In. Pulse: 88 (Sitting) Resp.: 18 / min Temp: 98.4 (Oral)

Patient Language:	Name of interpreter, if required:
--------------------------	--

Chief Complaint:

seen cell side due to lockdown pt. requests low row

alights from bed and walks to cell door with no difficulty whatsoever and with no limp

Plan is as follows:

no indication for lo row

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): backache

Electronically Signed by ZOND, ALAN D.O. on 02/17/2005.
Electronically Signed by AVANT, SHERA L on 02/17/2005.
##And No Others##

CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 02/02/2005 07:14
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY**Problems:****Mental Health:**

Mental Status Exam First Observed 05/20/2004 03:39PM
No Diagnosis On Axis I/axis II First Observed 05/20/2004 03:41PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Hiv High Risk Screening Completed First Observed 05/01/2002 12:15AM
Physical Examination First Observed 05/02/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Screening Exam For Suspected Condition First Observed 07/28/2004 02:36PM
Varicella, Immunity First Observed 08/11/2004 10:33AM

Medications:

RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID
Special Instructions: KOP -- 2 TABS PO BID X 30 DAYS X 11

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Vitals 02/02/2005: BP: 140 / 76 (Sitting) Wt. 169 Lbs. Height 70 In. Pulse: 88 (Sitting) Resp.: 18 / min Temp: 98.4 (Oral)

Patient Language:	Name of interpreter, if required:
--------------------------	--

S: Pt here C/O LBP x 10 years. HX of severe GERD, Tylenol no help. Pt wants low row restriction.

O: PE unremarkable, Pt ambulates and climbs on and off exam table with ease. Is in NAD and shows no signs of discomfort with movement or ambulating. No spasms, no tightness, Non tender to palpation, FROM, strength 5/5, Neuro intact.

A: LBP

P: No medical indication for a Low Row restriction.

Will treat with Naprosyn for 2 weeks only to help relieve LBP w/o risk to GI
Pt encouraged to try Tylenols after Naprosyn
Strong NSAID warnings
RTC PRN

Started Meds:

NAPROXEN 250MG TABS 62939831101 02/02/2005 07:27
1 TABS ORAL(po) B BID Special Instructions:Kop X 14 Days Prn
STOP DATE: 02/16/2005 07:27 REFILLS:

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1) *COPAY*: backache

Electronically Signed by YOUNG, ROBERT A PA on 02/02/2005.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 05/04/2004 07:21
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY

Problems:

HEARTBURN [787.1] first observed 03/15/2004 (Active)
HIV HIGH RISK SCREENING COMPLETED [V77.99] first observed 05/01/2002 (Active)
PHYSICAL EXAMINATION [V70.7] first observed 05/02/2002 (Active)
REFLUX ESOPHAGITIS [530.11] first observed 11/01/2002 (Active)
TB CLASS 2 (INFECTION, NO DISEASE PULM. TUBERCULOSIS) [011.2] first observed 05/01/2002 (Active)

Medications:

RANITIDINE HCL 150MG TABS, 2 TABS ORAL(po) BID

Allergies: NO KNOWN ALLERGIES

Current Lab Tests:

Vitals 05/04/2004: BP: 118 / 76 (Sitting) Wt. 164 Lbs. Height 70 In. Pulse: 66 (Sitting) Resp.: 18 / min Temp: 96.2 (Oral)

S: Pt here C/O heartburn. Was increased to 300 mg bid but has only been taking 150 bid. Pt educated on cange in meds and will start taking meds correctly.

O: Heartburn

A: Heartburn

P: Continue Zantac as prescribed.
RTC PRN

Procedures Ordered:

FOLLOW UP VISIT:heartburn

Electronically Signed by YOUNG, ROBERT A PA on 05/04/2004.
##And No Others##

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - MID LEVEL PROVIDER**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/15/2004 07:56
Facility: POLUNSKY (formerly TERRELL)

CASE SUMMARY**Problems:****Medications:****Allergies:****Current Lab Tests:**

Most recent vitals from 03/15/2004: BP: 100 / 78 (Sitting) Wt. 167 Lbs. Height 70 In. Pulse: 96 (Sitting) Resp.: 18 / min Temp: 97.8 (Oral)

S: Pt here C/O heartburn x years. All the time. Type food does not matter. One zantac does not work.

O: Abd soft, nt, nd, no masses, +bs all quads.

A: GERD

P: Zantac 150 mg 2 po bid x 30 days kop rf x 2

RTC PRN

Procedures Ordered:

BRIEF OFFICE VISIT (LEVEL 1)* COPAY*: heartburn

Interpreter Used		Yes		No	Name of interpreter:
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Electronically Signed by YOUNG, ROBERT A PA on 03/15/2004.
##And No Others##

Scanned by HUMBIRD, DELLA D in facility POLUNSKY (formerly TERRELL) on 02/27/2004 15:11

CLINIC NOTES
TEXAS DEPARTMENT OF CRIMINAL JUSTICE
INSTITUTIONAL DIVISION

Name: Norton
TDCJ No.: 999410
Unit: 7C

Date & Time	Notes
11-6-03	Mo Elbow Elbow Pass → <u>AMD</u>
(18) 6:30	Front Cuff Pass x 180 → <u>AMD</u>
<u>@ Anguier 11/6/03 @ 1400</u> <u>NJD</u>	
11-12-03 0815	SCR returning front cuff pass saying it was mistake he wanted a "neoprene" elbow sleeve brace. Reply this is no mistake. provider denied the brace and issued the front cuff pass. — <u>Dupm</u>
12-3-03 1100	Call from Warden req. to be seen by <u>MD</u> . <u>MD</u> F/U — <u>Dupm</u>
12-5-03 8:45	165# 130/80-80-18-774 Here to see MD re: Request of Warden re: Wrist — <u>Dupm</u>
st/v	<ul style="list-style-type: none"> ① Elbow pain ② Issue Pass for Neoprene elbow sleeve x 180deg ③ DC front handcuff pass (A+PH request) <u>MD</u> ④ R.T.C. P.R.N. <u>R</u>
<u>met Dupm 12/5/03 1000</u>	
1-1-04 1015	SCR needs Zantac renewed. Reply done <u>Dupm</u>
1-1-04 1020	5) ph SCR needs Zantac. O/A not present
<u>Zantac 150mg + QPM 4304X11 KAP TO Yampm (8/2/04)</u>	
Please sign each entry with status. <u>Violent Dupm 1-5-04 1100</u> <u>LLM 1/6/04 090</u>	

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUL 24 2011

PART A: (To be completed by offender)Offender's Name: Perry Allen AustinDate: July 23, 2011TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39/2-Row

School Hours: _____

Service needed: ☐ Medical ☒ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: I've run out of Amoxicillin and the extraction site is still infected pretty bad. Steadily leaking pus.How long have you had this problem? Hours: _____ Days: n/a

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)Medical Reply: Exam scheduled

Mumms R 7/25/11

Medical Staff Member's Signature

JUL 24 2011

Date

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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUL 15 2011

PART A: (To be completed by offender)Offender's Name: Perry Allen AustinDate: July 15, 2011

Work Assignment: _____

TDCJ No.: 999410Wing No.: 12CC39

School Hours: _____

Work Hours: _____

Service needed: ☐ Medical ☒ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: Had tooth pulled 6/21, got infected, put on antibiotics 7/6; still bleeding, still constantly leaking pus, still painful. Ibuprofen is useless.How long have you had this problem? Hours: _____ Days: 24

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry G. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)Medical Reply: Exam scheduledM. M. Smith 7/15/11

Medical Staff Member's Signature

JUL 15 2011

Date

DentalDICKCA11001161**SUBJECT:** State briefly the problem on which you desire assistance.

JUL 06 2011

The extraction site where my tooth was pulled on June 21, 2011 is infected and still bleeding. I had thought it had healed because it had stopped hurting. It has in fact started hurting worse now and continuously oozes out pus and dark red blood. The infection has my head all woozy. I would appreciate it if you could see me as soon as possible. Thank you.

Perry A. Austin

Name: Perry Allen Austin No: 999410 Unit: Polunsky
 Living Quarters: 12CC39/2-ROW Work Assignment: _____

DISPOSITION: (Inmate will not write in this space)

EXAM
 Scheduled
 Munnis, Roff
 7/6/11

JUL 06 2011

JUN 27 2011

PART A: (To be completed by offender)

Date: June 23, 2011

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment:

Work Hours:

Wing No.: 12CC39

School Hours:

Service needed: ☐ Medical

☒ Dental☐ Mental Health☐ Other:

Reason for Health Services Appointment: I had a tooth pulled June 21, 2011. It has become infected.

It is throbbing with pain and leaking pus continuously.

How long have you had this problem?

Hours:

Days:

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Remy A. Aub
Signature

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

JUN 27 2011

Medical Reply: Exam scheduled

minus 24 w/211

Medical Staff Member's Signature

Date _____

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JUN 22 2011

PART A: (To be completed by offender)

Date: June 21, 2011

Offender's Name: Perry Allen Austin

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☐ Medical ☒ Dental ☐ Mental Health ☐ Other: _____

Reason for Health Services Appointment: I'd like to have a complete dental check-up, work.
Also need a wisdom tooth pulled. Bottom right.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry O. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: you need to let that extraction site heal JUN 22 2011

for at least a week before we go messing around in there again
VMunns, RPH 6/22/11 JUN 22 2011

Medical Staff Member's Signature

Date

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

JUN 20 2011

PART A: (To be completed by offender)Date: June 18, 2011Offender's Name: Perry Allen AustinTDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CC39

School Hours: _____

Service needed: ☐ Medical ☒ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: I've got a really bad abscess. Hurts bad. Need a couple of teeth pulled too!

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)Medical Reply: - Exam Scheduled

Munns, D. H. 6/20/11

Medical Staff Member's Signature

Date

Scanned by SWAIM, KATHY L. CCA in facility POLUNSKY (TL) on 01/04/2011 14:43

DEC 11 2010

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

PART A: (To be completed by offender)

Offender's Name Perry Allen Austin

Date 12-09-10

TDCJ No 999410

Work Assignment _____

Work Hours _____

Wing No. 12CC39

School Hours _____

Service needed: ☐ Medical ☒ Dental ☐ Mental Health ☐ Other _____

Reason for Health Services Appointment. I need a wisdom tooth pulled.

How long have you had this problem? Hours _____ Days _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry B. Austin
Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply _____

Exam scheduled

12/13/10

Medical Staff Member's Signature

Date

**CORRECTIONAL MANAGED CARE
DHR – MISCELLANEOUS (NARRATIVE)**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 12:27 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/28/2011: BP: 164 / 91 (Sitting) ; Wt: 165 Lbs.; Height: 70 In.; Pulse: 75 (Sitting) ; Resp: 18 / min; Temp: 98.1 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

Offender referred from Medical

SUBJECTIVE:

Patient c/o: #14 drainage

OBSERVATION:

Current Vital Signs Reviewed – BP 164/91, was seen in medical last night for BP controls

Medical History Reviewed – no changes noted

Tooth Defects (Tooth # and Surface) and Radiographic Findings: #14

Checked WNL for drainage and sinus communication / no apparent swelling / patient still stating it drains continually

Severe caries / apparent pulpal exposure / fracture / periapical radiolucency

ASSESSMENT:

Hard Tissue Disease (521)

PLAN:

TREATMENT PROVIDED:

F/U exam

Extraction site of # 14 checked and still appears to be healing WNL

RX:

Started Meds:

PENICILLIN VK 500MG TABLET

00781165501

07/28/2011 12:36

1 TABS ORAL TID

STOP DATE:

REFILLS: 0

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1

D-*DDS DENTAL VISIT (D0): dental cars 1

D-F/U EXAM ESTABLISHED PATIENT (D0): dental cars 1

**CORRECTIONAL MANAGED CARE
DHR – MISCELLANEOUS (NARRATIVE)**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/28/2011 12:27 **Facility:** POLUNSKY (TL)

ASSESSMENT:

V72.2 Dental Examination

Periodontal Type: by Topography

PLAN:

TREATMENT PROVIDED:

Sick Call Exam

Plaque Index with disclosant: %

OHC Including brushing and flossing demonstration

Radiographs taken and reviewed:

Removed/spooned some soft caries, tooth #(s):

Placed IRM/Fuji IX sed/temp filling (caries remain), occlusion checked, tooth #(s):

Applied Vanish Fluoride Varnish, tooth #(s):

Medications Prescribed:

RTC =

ENDING PRIORITY: _

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/28/2011.
##And No Others##

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/25/2011 08:09 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/6/2011: BP: 172 / 95 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 60 (Sitting) ; Resp: 18 / min;
Temp: 96.7 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 07/24/2011, Chief Complaint: extraction site is still infected ... leaking pus

SUBJECTIVE:

Patient appointed for oral surgery follow-up

OBSERVATION:

Current Vital Signs Reviewed
Healing WNL

ASSESSMENT:

Hard Tissue Disease (521)

PLAN:

TREATMENT PROVIDED:

Extraction site of # 14 socket irrigated with H2O.
Checked for Oral-antral Fistula – appears to be WNL
No apparent drainage noted.
1 PAX taken and reviewed – appears to be WNL

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1
D-FOCUSED EXAM BY SICK CALL REQ (NO COPAY)(D0): dental cars 1
D-RADIOGRAPH, ONE FILM (D0): dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/25/2011 08:09 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/25/2011.
##And No Others##

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

SCR DENTAL S/C SCHEDULED (ATC 1& 2)
Entered On: 07/18/2011 14:09
Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW; per Officers O'Brian and Landacre, Offender refused to come to dental; RTC = SCR PRN

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/6/2011: BP: 172 / 95 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 60 (Sitting) ; Resp: 18 / min;
Temp: 96.7 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 07/06/2011, Chief Complaint: extraction site hurting ... oozes pus

SUBJECTIVE:

Patient appointed for oral surgery follow-up

OBSERVATION:

Current Vital Signs Reviewed – BP 172/95

Bone exposed on distal aspect of socket, purulent drainage present, no apparent oral-antral fistula noted

Socket appears to have developed a clot WNL otherwise

ASSESSMENT:

Hard Tissue Disease (521)

Alveolar osteitis

PLAN: RX Antibiotics

TREATMENT PROVIDED:

Extraction site of # 14: dried residual purulent drainage and irrigated area with water

Given Amoxicillin 500 mg X 2 stat

RX:

Started Meds:

AMOXICILLIN 500MG CAPSULE 00781261301 07/06/2011 10:29

1 CAPS ORAL BID

STOP DATE:

REFILLS: 0

Referred to Medical for BP chart review

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1

D-F/U EXAM ESTABLISHED PATIENT (D0): dental cars 1

D-RADIOGRAPH, ONE FILM (D0): dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
This document has been corrected by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
##And No Others##

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)
Age: 52 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 7/6/2011: BP: 172 / 95 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 60 (Sitting) ; Resp: 18 / min;
Temp: 96.7 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 07/06/2011, Chief Complaint: extraction site hurting ... oozes pus

SUBJECTIVE:

Patient appointed for oral surgery follow-up

OBSERVATION:

Current Vital Signs Reviewed – BP 172/95

Bone exposed on distal aspect of socket, purulent drainage present, no apparent oral-antral fistula noted
Socket appears to have developed a clot WNL otherwise

ASSESSMENT:

Hard Tissue Disease (521)
Alveolar osteitis

PLAN: RX Antibiotics

TREATMENT PROVIDED:

Extraction site of # 14: dried residual purulent drainage and irrigated area with water
Given Amoxicillin 500 mg X 2 stat

RX:

Started Meds:

AMOXICILLIN 500MG CAPSULE	00781261301	07/06/2011 10:29
1 CAPS ORAL BID		

STOP DATE:	REFILLS: 0
------------	------------

RTC = PRN PER SCR

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER:	dental cars 1
D-F/U EXAM ESTABLISHED PATIENT (D0):	dental cars 1
D-RADIOGRAPH, ONE FILM (D0):	dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 07/06/2011 09:54 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 07/06/2011.
##And No Others##

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

P* AD SEG PRIORITY S.T.A.R.
Entered On: 06/29/2011 13:36
Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW; per Officers Griffen and Catlett, Offender refused to come to Dental; RTC = SCR PRN

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

P* AD SEG PRIORITY S.T.A.R.
Entered On: 06/28/2011 15:47
Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW 06/27/2011 Lay-in; per Officer Brewer, no escorts available; RTC = RESCHEDULED

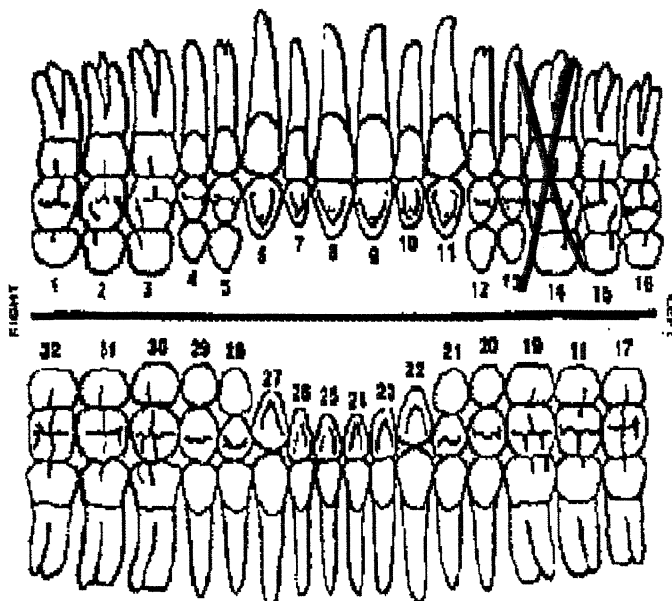
PATIENT IDENTIFICATION

NAME: AUSTIN, PERRY A
MRN: 999410
RACE / SEX: W/M
DOB: 6/23/1959
DATE RECEIVED: 2002

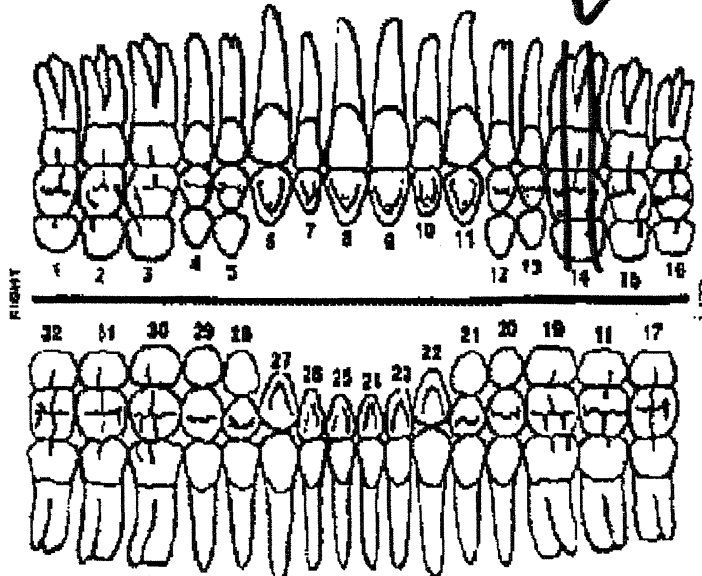
HEALTH SERVICES
DENTAL HEALTH RECORD
HSD-4

SUBSEQUENT EXAMINATION

RESTORATIONS & TREATMENT
(RETAIN ORIGINAL, DOCUMENT CHANGES & SCAN)



DISEASES & ABNORMALITIES
(COMPLETE THEN SCAN)



Remarks: "Really bad abscess"
#14 - advanced bone loss & abscess
R-16 - NRC - hopeless tooth
BP-162/90 - extraction
P-69
T-96.9

TREATMENT PLAN
DATE: 6/21/2011 04:00PM

✓ #14 - extraction
Done 6/21/11

PERIO TYPE: I II III IV (circle one) TX Eligibility Date: 2003

DDS Initials Am
RDH Initials _____

DENTAL/MEDICAL HISTORY
EACH Y/N BOX MUST BE CHECKED INDIVIDUALLY,
STRAIGHT LINES THROUGH THE ENTIRE COLUMN ARE PROHIBITED

Condition	Y	N	Condition	Y	N	Condition	Y	N
1. Diabetes		✓	8. Abnormal Blood Pressure	✓		15. Stomach Problems	✓	
2. HIV		✓	9. Epilepsy/Seizures	✓		16. Taking Medications	✓	
3. Chronic Heart Failure		✓	10. Hepatitis/Liver Disease	✓		17. Jaw Fractures/Dislocation		✓
4. Heart Problems		✓	11. Uncontrolled Bleeding		✓	18. Cancer Therapy/TX		
5. Heart Murmur		✓	12. Asthma/Breathing Problems	✓		19. (Women) Pregnant		
6. Rheumatic Fever		✓	13. Tuberculosis (TB)	✓		20. Other:		
7. Artificial Joints/Valves		✓	14. Allergies	✓				

(10) said used to have flu shots (16) omeprazole, Ibuprofen
(13) TOOK INH 1989 (14) Bacitracin ointment (15) acid reflux



**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/21/2011 09:31 **Facility:** POLUNSKY (TL)
Age: 51 year **Race:** W **Sex:** male **DOB:** 06/23/1959
Most recent vitals from 6/21/2011: BP: 162 / 90 (Sitting) ; Wt: ; Height: 70 In.; Pulse: 69 (Sitting) ; Resp: 16 / min;
Temp: 96.9 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID
PRILOSEC 20MG, 1 CAPS ORAL BID

SCR Received On: 06/20/2011, Chief Complaint: really bad abscess

SUBJECTIVE:

Sick Call Exam c/o: see above

Extraction(s): #14

OBSERVATION:

Current Vital Signs Reviewed – BP 162/90, not taking any BP meds, per patient

Medical History Reviewed – no changes noted

Patient consents to extraction due to clinical and current radiographic findings indicate: #14

Advanced periodontal disease / periodontitis

ASSESSMENT:

PLAN: #14 - extraction

TREATMENT PROVIDED:

Sick Call Exam

2 carpules (1.7 ml) Lidocaine 2% with Epinephrine 1:100,000 administered

Consent Form Reviewed and Signed, questions solicited, patient verbalized understanding of possible consequences of treatment to be provided

Radiograph(s) taken: 1 PAX Radiograph(s) reviewed

Extraction of tooth #(s): 14 -no apparent complications noted

Good Hemostasis

Verbal and Written Post Operative Instructions Given

Medications Prescribed: given Motrin 200 mg (10 packs of 2), take 2 tabs prn tid, KOP

Referred to Medical for BP chart review

RTC = scr prn

ENDING PRIORITY: P4

Procedures Ordered:

DENTAL AD SEG PATIENT IDENTIFIER: dental cars 1

D-FOCUSED EXAM BY SICK CALL REQ *COPAY* (D0): dental cars 1

D-RADIOGRAPH, ONE FILM (D0): dental cars 1

D-EXTRACTION, ERUPTED TOOTH (D7): dental cars 1

**Correctional Managed Care
DHR – SICK CALL EXAM/SCREENING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/21/2011 09:31 **Facility:** POLUNSKY (TL)

Electronically Signed by CHRISTMAN, GARY R. D.D.S. on 06/21/2011.

##And No Others##

POLUNSKY (TL)

Patient Name: AUSTIN, PERRY A
MRN: 999410

=====

SCR DENTAL S/C SCHEDULED (ATC 1& 2)
Entered On: 12/14/2010 13:48
Entered By: CHRISTMAN, GARY R. D.D.S.

NO SHOW; per Officers Winfield and Fisher, Offender refused to come to Dental Appointment; RTC = SCR PRN

Date: 08/15/2011 13:07
From: DIANE JACKSON
To: WILLIAMS, BERNADINE E(E);
Subject: new RX bldg 12...thanks
Re: PERRY AUSTIN

DIANE E. JACKSON, FNP

PATIENT: AUSTIN, PERRY A
3872 FM 350 SOUTH
LIVINGSTON, TX 77351
MRN: 999410
User: JACKSON, DIANE E. FNP

HYDRODIURIL 25MG TABS
Sig: 1 x TABS ORAL DAILY
Order Date: 08/13/2011 16:42
Start Date: 08/13/2011 16:42
Auto Stop Date: 09/12/2011 16:42

Disp. #: 30 TABS
Refills: 11 Before: 09/12/2011 16:42

Allow Generic - No product selection indicated
Rx Written On: 08/13/2011

Prescription Electronically Signed
by DIANE E. JACKSON, FNP

Date: 08/13/2011 16:46
From: DIANE JACKSON
To: POLUNSKY PROCESSING GROUP(E);
Subject: please add to CCC for new Dx of HTN in September...thanks!
Re: PERRY AUSTIN

CORRECTIONAL MANAGED CARE MD/MLP CHART REVIEW

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/13/2011 16:35 **Facility:** POLUNSKY (TL)

Age: 52 year **Race:** W **Sex:** male

Most recent vitals from 7/28/2011: BP: 164 / 91 (Sitting) ; Wt: 165 Lbs.; Height: 70 In.; Pulse: 75 (Sitting) ; Resp: 18 / min; Temp: 98.1 (Oral)

Allergies: NO KNOWN ALLERGIES

Current Medications:

MOTRIN 800MG, 1 TABS ORAL BID

PRILOSEC 20MG, 1 CAPS ORAL BID

CR

Had elevated BP last month when seen at dentist as well as at a nursing visit.

52 y.o. male with no hx of HTN in past.

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
7/28/2011 07:29AM		164 / 91			75		18	165	70	98.1					

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
7/27/2011 11:46PM		170 / 98			73		18	70	164	97.7					

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
7/6/2011 07:55AM		172 / 95			60		18			96.7					

Date / Time	BP Stand	BP Sit	BP Supine	Pulse Stand	Pulse Sit	Pulse Supine	Resp.	Weight (LB)	Height (IN)	Temp. PO	Temp. Rec	Temp. Ax	Temp. L Ear	Temp. R Ear	PSO2
6/21/2011 08:54AM		162 / 90			69		16			96.9					

Two or more BP >135/85—add diagnosis of Hypertension stage I:

First line therapy is diuretic:

Add HCTZ 25 mg po qd

BP checks 2 x week for 4 weeks

CR in 2 weeks to add another medication if needed

Add to CCC for hypertension in one month

Is CARS current? Yes MEDICAL 1

**CORRECTIONAL MANAGED CARE
MD/MLP CHART REVIEW**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/13/2011 16:35 **Facility:** POLUNSKY (TL)

Procedures Ordered:

*CBC W/DIFF {BABYDMCD PSYLBPSZDBHVCNESLDAHEPHP}: medical cars 1, hypertension (htn)
*COMPREHENSIVE METABOLIC PANEL (CMP) {PSYLABPHEPSZDBHVCNBF AHEPESLDHPESLD}: hypertension
(htn)
*THYROID STIMULATING HORMONE [TSH] {CNBFPSYLDMCDTPBPDBLEV2}: hypertension (htn)
*URINALYSIS, W/DIPSTICK MICROSCOPIC EXAM ON POSITIVES [UA] {HVCNDBBPBFPSYLESLD}: hypertension
(htn)
LIPID PANEL {CNDBBFHVPSYLDMCDNBP}: hypertension (htn)
BP CHECK SERIES REQUEST/ORDER (BP) {CNDB}: hypertension (htn)
EKG/ECG REQUEST/ORDER (CNDBBPBFSZPSYLEV2): hypertension (htn)
DIET ORDER-DIET FOR HEALTH (DFH){BPDBESLDCNBF}: hypertension (htn)
*HEPATIC FUNCTION PANEL (LFP) {PSYLDMCD}: hypertension (htn)

Procedures Ordered:

MD/MLP CHART REVIEW: hypertension (htn)

Started Meds:

hydroCHLORothiazide 25MG TAB	67253082010	08/13/2011 16:42
1 TABS ORAL QD		
STOP DATE:	REFILLS: 11	

Electronically Signed by JACKSON, DIANE E. FNP on 08/13/2011.
##And No Others##

Date: 06/21/2011 09:39
From: GARY CHRISTMAN
To: POLUNSKY PROCESSING GROUP(E);
Subject: BP chart review
Re: PERRY AUSTIN

Attention: Medical Personnel

As per TSBDE Rule 108.7(2) B: Please review chart of
Offender: Austin, Perry A. MRN: 999410
Due to BP of 162/90 today in the dental clinic.
Offender states he does not take BP meds.

Thank you,
Gary Christman, D.D.S.

Date: 05/11/2010 14:20
From: ALAN ZOND
To: JENNIFER PARKER(E);
Subject: RE: RE:
Re: PERRY AUSTIN

YEPPER

-----Original Message-----

Date: 05/10/2010 11:20
From: JENNIFER PARKER
To: ALAN ZOND(E); CARLY PERKINS S(E);
Subject: RE:
Re: PERRY AUSTIN

There was a reminder created and they were supposed to be scheduled once a week until 5/4/10, but someone closed the reminder on 4/15/10 when it was not supposed to be closed. Do we need to reschedule them??

Ms. Parker

-----Original Message-----

Date: 05/07/2010 15:00
From: ALAN ZOND
To: CARLY PERKINS S(E);
Subject:
Re: PERRY AUSTIN

bp checks ordered in january still not done can someone please take some pride in their work and do them.

Date: 05/10/2010 11:20
From: JENNIFER PARKER
To: ALAN ZOND(E); CARLY PERKINS S(E);
Subject: RE:
Re: PERRY AUSTIN

There was a reminder created and they were supposed to be scheduled once a week until 5/4/10, but someone closed the reminder on 4/15/10 when it was not supposed to be closed. Do we need to reschedule them??

Ms. Parker

-----Original Message-----

Date: 05/07/2010 15:00
From: ALAN ZOND
To: CARLY PERKINS S(E);
Subject:
Re: PERRY AUSTIN

bp checks ordered in january still not done can someone please take some pride in their work and do them.

Date: 05/07/2010 15:00
From: ALAN ZOND
To: CARLY PERKINS S(E);
Subject:
Re: PERRY AUSTIN

bp checks ordered in january still not done can someone please take some pride in their work and do them.

Date: 02/11/2010 08:53
From: SANDRA BRAME
To: ALAN ZOND(E);
Subject: REFUSED LABS
Re: PERRY AUSTIN

LAB MISSED CLINIC REPORT

PATIENT: AUSTIN, PERRY A TDCJ #: 999410 FACILITY: POLUNSKY
(TL)

This patient missed the scheduled lab clinic visits. See attachment(s).

Please review chart information and reorder as needed. Pt refused labs and is deleted for
LFP

Date: 07/20/2009 15:00
From: JOYCE BONDS
To: POLUNSKY SCHEDULERS(E);
Subject: no show
Re: PERRY AUSTIN

MISSED CLINIC VISIT REPORT

PATIENT: AUSTIN, PERRY A TDCJ #: 999410 FACILITY: POLUNSKY
(TL)

This patient missed the scheduled clinic visit for today, Jul 20, 2009, due to:

- ☒ No Show fo bad earaches
- ☐ Refusal
- ☐ Ad Seg Patient - No Show due to no escort available
- ☐ Patient left clinic without being seen by the provider

Please review chart information and advise of needed reschedules or other actions.

- ☐ Reschedule
- ☒ Do Not Reschedule

Date: 07/09/2009 12:40
From: TAMMY KING
To: POLUNSKY SCHEDULERS(E);
Subject: RESCHEDULE APPT.
Re: PERRY AUSTIN

MISSED CLINIC VISIT REPORT

PATIENT: AUSTIN, PERRY A TDCJ #: 999410 FACILITY: POLUNSKY
(TL)

This patient missed the scheduled clinic visit for today, Jul 09, 2009, due to:

- ☐ No Show
 - ☐ Refusal
 - ☐ Ad Seg Patient - No Show due to no escort available
 - ☐ Patient left clinic without being seen by the provider
- X PT. NOT SEEN FOR COMPLAINT OF EAR ACHE DUE TO LOCKDOWN
Please review chart information and advise of needed reschedules or other actions.

- ☒ Reschedule AFTER LOCKDOWN IS COMPLETED
- ☐ Do Not Reschedule

Date: 06/26/2009 10:08
From: ALAN ZOND
To: BERNADINE WILLIAMS(E);
Subject: RE:
Re: PERRY AUSTIN

yes

-----Original Message-----

Date: 06/25/2009 03:11
From: BERNADINE WILLIAMS
To: ALAN ZOND(E);
Subject:
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications: omeprazole 20 mg bid fell off forvis
Sick Call Request received Jun 25, 2009 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

Date: 06/25/2009 03:11
From: BERNADINE WILLIAMS
To: ALAN ZOND(E);
Subject:
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications: omeprazole 20 mg bid fell off forvis
Sick Call Request received Jun 25, 2009 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

Scanned by BARNES, EVAL CCA in facility POLUNSKY (formerly TERRELL) on 01/25/2008 10:19

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

JAN 2

PART A: (To be completed by offender)

Date: 22, January 2008

Offender's Name: Perry Allen Austin

TDCJ No.: 999416

Work Assignment: _____

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: I need my Rantidine renewed.

How long have you had this problem?

Hours: _____

Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin

Signature of Offender

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: Order current - see attached med pass

Medical Staff Member's Signature

Date

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Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 02/08/2008 09:05
MEDICATION PASS

01/22/2008

TDC NO.: 00999410
UNIT: TL

NAME: AUSTIN, PERRY ALLEN
HOUSING LOCATION: 12-C-B ROW-1

CELL: 15

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
RANITIDINE 150MG TAB	PORRAS, GUILLERM	01/21/08	02/19/08	0 2	04/19/08
TAKE 2 TABLETS 2 TIMES A DAY X 30 DAYS-KOP.					



NW
RN

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Administrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 02/20/2008 11:36 Facility: POLUNSKY (formerly TERRELL)

Age:48 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

CASE SUMMARY:

AGE [797.] first observed 10/25/2007 (Active)
 BACKACHE [724.5] first observed 02/02/2005 (Active)
 CONJUNCTIVITIS NOS [372.30] first observed 11/08/2006 (Active)
 DENTAL CARS 1 [DC1] first observed 03/27/2006 (Active)
 HEARTBURN [787.1] first observed 03/15/2004 (Active)
 MEDICAL CARS 1 [MC1] first observed 03/31/2006 (Active)
 MENTAL HEALTH CARS 0 [MHC0] first observed 12/22/2005 (Active)
 NO DIAGNOSIS ON AXIS I OR AXIS II [V71.09] first observed 02/23/2005 (Active)
 REFLUX ESOPHAGITIS [530.11] first observed 11/01/2002 (Active)
 TB CLASS 2 (INFECTION, NO DISEASE PULM. TUBERCULOSIS) [011.2] first observed 05/01/2002 (Active)
 VISION [369.9] first observed 05/13/2004 (Active)

LATE ENTRY, OFFENDER SEEN 2/19/2008**From Reports by Security & Medical Staff**

Have there been any unusual behaviors in the past 90 days? If so explain

☐ **YES** ☒ **NO**

Interview Questions

Have you experienced any traumatic events during the last 90 days?

YES **NO**
☐ ☒

Specify:

Behavioral Observation (may use decision tree and insert here or insert your own)**MENTAL STATUS EXAM**

Appearance

Grooming

Normal

Posture/Gait

Normal

Motor Activity

Unremarkable

Sensorium

Attention

Normal

Concentration

Normal

Orientation

Oriented X 4

Recall/Memory

Normal

Relating

Eye Contact

Normal

Facial Expression

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Administrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 02/20/2008 11:36 Facility: POLUNSKY (formerly TERRELL)

Responsive
Attitude Toward Examiner
Cooperative
Affect & Mood
Affect
Appropriate
Mood
Euthymic
Speech & Thought
Speech Flow
Normal
Thought Content
Appropriate To Mood/Circumstances
Preoccupations
None
Hallucinations
None
Thought Organization
Logical, Goal Directed
Executive Functions
Judgment
Normal
Reality Testing
Realistic
Insight
Uses Connections
Decision-Making
Normal
Adaptive Skills
Coping Ability
Normal
Social Functioning
Social Support
Adequate
Risk To Self & Others
Self Harm
None
Harm To Others
None

Disposition

- ☒ Follow up in 90 days or upon request/referral
☐ Schedule for further evaluation

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Administrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 02/20/2008 11:36 Facility: POLUNSKY (formerly TERRELL)

- ☐ Refer immediately for evaluation
- ☐ Other (Specify):

Procedures Ordered:

MH OP AD SEG 90 DAY EVALUATION: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by FORD, LASHONDA R MS,LPC Intrn,SP on 02/20/2008.
##And No Others##

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/10/2008 09:11

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST

RECEIVED

SC-002/00

MAR 07 2008

800

PART A: (To be completed by offender)

Offender's Name: Berry Allen Austin

Date: March 05, 2008

TDCJ No.: 999410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical

☐ Dental

☐ Mental Health

☐ Other: _____

Reason for Health Services Appointment: I would like to have my Ibuprofen prescription renewed for my back. I've got bone spurs.

How long have you had this problem?

Hours: _____

Days: Many

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Berry A. Austin

Signature of Offender

cc: file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: _____

Schedule provider sick call - [Signature]

Medical Staff Member's Signature

Chart Review [Signature]
N. Williams RN
2/7/08

Date

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/10/2008 11:15 **Facility:** POLUNSKY (formerly TERRELL)
Age: 48 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

cr

ibup 800 1 po bid x 30 kop rf x 2

Electronically Signed by ZOND, ALAN D.O. on 03/10/2008.
##And No Others##

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/14/2008 12:03

Perry Allen, Austin #999410
TDCJ-ID, Polunsky Unit
3872 FM 350 South
Livingston, Texas 77351

MAR 13 2008

Dr. Borras
Medical Department - Death Row
TDCJ-ID, Polunsky Unit
3872 FM 350 South
Livingston, Texas 77351

March 12, 2008

Dr. Borras,

I am writing to complain about the lack of medical attention and the apparent abandonment of the sickcall process.

I sent in a sickcall slip last week Thursday, March 06, 2008. It was one of the rare times I was able to even obtain a sickcall slip and it was picked up by one of the nurses that passes out pills. It is now six days later and I still not been seen by medical personnel.

I tried to bring my problem to one of the pill nurse today but she would not even stop long enough to hear what I had to say. All she said as she ran past my cell was, "Put in a sickcall." I already have once. How can I put in another one when I can't even get a sickcall slip? I can't even get an I60! I will address that problem to someone else though.

The reason I put in the sickcall last week is because of the ongoing problems I'm having with my back. A couple of years ago I had x-rays taken because of intense pain in my lower back that kept spreading down to my lower extremities. It was found that I had bone spurs on my lower spine. I've tried to deal with the pain and other difficulties because of the bone spurs on my own but the pain has been steadily getting worse. I asked that my Ibuprofen prescription be renewed. If not that, then getting in to see someone to diagnose and prescribe something for my medical condition.

I have also been experiencing extreme acid reflux. If you'll look at my medical records since being here I have had this problem since I came here. I have in fact had this problem for the past 30 years and a look at my medical records from my past TDCJ incarcerations will verify this fact. Yet I have been unable to convince any of the medical personnel to bring these records up. I am currently on Ranitidine, taking two (2) pills twice a day. This is an increase from one (1) pill twice a day when the original prescription wasn't doing any good. Well, the current dosage isn't doing any good either. Everything I eat or drink seems to cause my acid reflux to flare up intensely. Yet when I've complained about this in the past, I was either ignored, or told to stop eating this or that. If I stopped eating and drinking everything that caused my acid reflux to flare up I would literally starve to death, if not die of thirst. This is not an exaggeration as even water sometimes causes it to flare up.

In closing, I am requesting that I be seen as soon as possible for my medical problems and that something be done about the lack of access to sickcall.

Perry A. Allen



cc:Richard Bourke - Attorney
file

Scanned by BARNES, EVA L CCA in facility POLUNSKY (formerly TERRELL) on 03/14/2008 12:04

you were given a prescription for ranitidine (800mg) for 30 days w/ two refills on 3/10/08.

we will lay you in w/ dr. zond to discuss your continuing problems w/ acid reflux. MAR 1

A. RUDOLPH, MD

3/13/08

Correctional Managed Care
CLINIC NOTES - PHYSICIAN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 03/17/2008 12:22 **Facility:** POLUNSKY (formerly TERRELL)
Age: 48 Years **Race:** W **Sex:** Male
Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)
Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

cell side security reasons
worsening gerd
nad

Plan is as follows:

dc ibuprofen
nort 50 1 po bid x 30 rf x 11

Procedures Ordered:

BRIEF OFFICE VISIT - LEVEL 1 (NO COPAY): reflux esophagitis

Electronically Signed by ZOND, ALAN D.O. on 03/17/2008.
##And No Others##

Scanned by SUTTON, KAREN B in facility POLUNSKY (formerly TERRELL) on 03/21/2008 08:52 03/14/2008

TDC NO.: 00999410
UNIT: TL

NAME: AUSTIN, PERRY ALLEN
HOUSING LOCATION: 12-C-B ROW-1 CELL: 15

DRUG	PRESCRIBER	START DT	EXP DATE	RENEW	FINAL EXP
RANITIDINE 150MG TAB	PORRAS, GUILLERM	02/20/08	03/20/08	1 2	04/19/08
TAKE 2 TABLETS 2 TIMES A DAY X 30 DAYS-KOP.					
IBUPROFEN 800MG TABLET	ZOND, ALAN G	03/15/08	04/13/08	0 2	06/12/08 ✓
TAKE 1 TABLET 2 TIMES EVERY DAY FOR 30 DAYS-KOP.					

Alan G Zond DO

Date: 04/18/2008 08:40
From: TERESA POPE
To: ALAN ZOND(E);
Subject: AUSTIN #999410
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications:

Sick Call Request received Apr 18, 2008 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

RANITIDINE 150 MG 2 TABS BID FOR 30 DAYS KOP WITH 5 REFILLS
VO DR.ZOND/T.POPE RN

I60-016/04/08

I-60 (Rev. 11-90)

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Administrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 05/14/2008 14:33 Facility: POLUNSKY (formerly TERRELL)

Age:48 Race: W Sex: Male

Patient Language: ENGLISH **Name of interpreter, if required:**

CASE SUMMARY:

AGE [797.] first observed 10/25/2007 (Active)
 BACKACHE [724.5] first observed 02/02/2005 (Active)
 CONJUNCTIVITIS NOS [372.30] first observed 11/08/2006 (Active)
 DENTAL CARS 1 [DC1] first observed 03/27/2006 (Active)
 HEARTBURN [787.1] first observed 03/15/2004 (Active)
 MEDICAL CARS 1 [MC1] first observed 03/31/2006 (Active)
 MENTAL HEALTH CARS 0 [MHC0] first observed 12/22/2005 (Active)
 NO DIAGNOSIS ON AXIS I OR AXIS II [V71.09] first observed 02/23/2005 (Active)
 REFLUX ESOPHAGITIS [530.11] first observed 11/01/2002 (Active)
 TB CLASS 2 (INFECTION, NO DISEASE PULM. TUBERCULOSIS) [011.2] first observed 05/01/2002 (Active)
 VISION [369.9] first observed 05/13/2004 (Active)

From Reports by Security & Medical Staff

Have there been any unusual behaviors in the past 90 days? If so explain

☐ **YES** ☒ **NO**

Interview Questions

Have you experienced any traumatic events during the last 90 days?

YES **NO**
☐ ☒

Specify:

Behavioral Observation (may use decision tree and insert here or insert your own)

Pt appeared neat and clean. Grooming is normal. Motor activity is unremarkable and posture/gait is normal. He was oriented x 4 with normal attention, concentration and recall. Pt was calm and cooperative. His facial expressions were responsive with normal eye contact. Mood was euthymic with appropriate affect. His thoughts were logical and goal oriented. Thought content was appropriate to mood and circumstances. Speech flow was normal with normal volume. Judgment was normal. Uses connections. Normal decision making. No A/V Hallucinations. No S/H Ideations.

Disposition

- ☒ Follow up in 90 days or upon request/referral
- ☐ Schedule for further evaluation
- ☐ Refer immediately for evaluation
- ☐ Other (Specify):

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

90 Day Outpatient Administrative Segregation Assessment

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 05/14/2008 14:33 Facility: POLUNSKY (formerly TERRELL)

Procedures Ordered:

MH OP AD SEG 90 DAY EVALUATION: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by FORD, LASHONDA R MS,LPC Intrn,SP on 05/14/2008.
##And No Others##

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Scanned by BOSKEY, PATRICIA S CCA in facility POLUNSKY (formerly TERRELL) on 06/16/2008 13:24

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE
HEALTH SERVICES DIVISION
SICK CALL REQUEST**

SC-007/06/08

JUN 15 2008

PART A: (To be completed by offender)

Offender's Name: Perry Allen AustinDate: 06/14/08TDCJ No. 995410

Work Assignment: _____

Work Hours: _____

Wing No.: 12CB15

School Hours: _____

Service needed: ☒ Medical ☐ Dental ☐ Mental Health ☐ Other: _____Reason for Health Services Appointment: The current dosage of Ranitidine is not adequate. I am having to sometimes take three to four pills a day. I'm running out of pills too early.

How long have you had this problem? Hours: _____ Days: _____

In accordance with state law, if this visit meets offender health care copayment criteria, I understand that my trust fund will be charged a \$3.00 copayment fee. I also understand that I will be provided access to health services regardless of my ability to pay this fee.

Perry A. Austin
Signature of Offender

cc:file

PART B: (To be completed by medical personnel -- Do not write below this line)

Medical Reply: 6/15/08 Sch NSC education on medication -
Regina B.

Medical Staff Member's Signature

Date

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/17/2008 11:40 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male

Most recent vitals from 11/08/2006: BP: 120 / 72 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 76 (Sitting) ; Resp: 16 / min; Temp: 97.5 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem: SCR dated 6-15-08 - chart review only.

S: complaining that he has taken Zantac 3 and 4 times a day and not working

O: Offender apparently taking too many medications.

A:

Plan is as follows: dc kop zantac and make non kop so compliance can be monitored to consider different treatment.

Zanta 150 mg BID non kop for 30 days

Dc previous order

V.O. Dr. Porrus/J. Bonds RN

Electronically Signed by BONDS, JOYCE M R.N. on 06/17/2008.

Electronically Signed by CARLIN, BRANDI L CMA on 06/17/2008.

Electronically Signed by PORRAS, GUILLERMO M.D. on 06/18/2008.

##And No Others##

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required: NA
--

IF BASED ON COLLECTION OF THE FOLLOWING DATA YOUR JUDGEMENT IS THAT THE PATIENT'S PAIN MAY BE CARDIAC IN NATURE, REFER IMMEDIATELY TO THE CHEST PAIN PROTOCOL.

SCR INITIATED?	XX	YES	Date Received: 6/25/08
		NO	

NP - HEARTBURN/INDIGESTION

Subjective Data

1. Chief Complaint (Describe): C/O THAT THE ZANTAC IS NO LONGER WORKING FOR HIS GERD; STATES THAT HE HAD A PREVIOUS ORDER OF ZANTAC 150MG 2 TABS BID AND IT WAS LOWERED TO 1 TAB BID; THEN HE SAYS HE HAS BEEN TAKING ALMAG BOUGHT FROM COMMENSARY TO HELP RELEIVE THE PROBLEM; PT STATES THAT WHEN THE ORDER WAS CHANGED TO 1 TAB BID THAT HE CONTINUED TO TAKE THEM 2 AT A TIME; AFTER HE WAS SEEN ON THE 17TH HIS KOP WAS TAKEN AWAY; PT NOW REQUESTING A NEW MEDICATION OR THAT THE ZANTAC BE REORDERED 2 TABS BID;

2. Significant Medical History (Describe): NONE

3. History Of Recent Abdominal Surgery?

No

4. Habit History

Alcohol NA

Caffeine NA

5. Pain

Location (Specify): HEARTBURN;

Onset (Specify): SEVERAL YEARS AGO;

Frequency (Specify): DAILY;

Radiating (Specify): N/A

Intensity:

Severe

6. Aggravating Factors (Specify): SPICY FOOD;

7. Alleviating Factors (Specify): ZANTAC AND ALMAG HELP CALM IT DOWN;

8. Appetite:

Normal

9. Vomiting

No

Objective Data

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

1. General Appearance
Normal
 2. Skin
Warm
Dry
 3. Abdominal Inspection
Flat
 4. Abdominal Palpation
Soft
Tenderness
No
Rebound Tenderness
No
 5. Bowel Sounds
Normal
Quadrant
All
- Comments NOTIFY PROVIDER;

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

Complete an EKG and IMMEDIATELY refer to Physician/Midlevel Practitioner:

- Patient has history of HTN.
- Patient has history of cardiovascular disease.
- Pain radiates to back, chest, neck, arm or jaw.
- Pain is associated with nausea, vomiting, sweating or shortness of breath.

TREATMENT PLAN:

- Recheck any abnormal V/S and report to provider if indicated.
- 0
- If none of above signs and symptoms are present, offer aluminum/magnesium hydroxide, 2 tablets by mouth STAT, and observe for at least 30 minutes. **PRECAUTIONS:** Do not give if taking Tetracycline, Quinidine, Amphetamines, Levodopa or Dicumarol (thyroid medication).
- **If unrelieved**, obtain another set of vital signs and **notify Physician/Mid-level Practitioner immediately.**
- If relieved by antacid, then offer aluminum/magnesium hydroxide 1 or 2 tablets by mouth, as needed, for 7 days KOP. (Issue 15 tablets)

PATIENT INSTRUCTIONS:

If **relieved by antacid** then instruct patient:

- Drink plenty of fluids when eating.
- 0
- Do not lie down for at least 2 hours after eating.
- 1
- Avoid known irritants.

HSN-34 (9-04)

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

2

- Eat smaller meal sizes, especially the last meal of the day.

3

- Resubmit sick call request or notify nurse if symptoms are not resolved.

PROVIDER NOTIFIED WITH ORDER RECIEVED

D/C CURRENT RANITADINE ORDER

OMEPRAZOLE 20MG 1 TAB BID X 30 DAYS WITH 11 REFILLS

VO G. PORRAS MD/ J FULLER, JR LVN

Procedures Ordered:

*NURSING PATIENT EDUCATION: np - heartburn/indigestion

NURSING LEVEL 1 COMPLETE VISIT: np - heartburn/indigestion

Electronically Signed by FULLER, JOHNNY R L.V.N. on 06/26/2008.

##And No Others##

**Correctional Managed Care
CLINIC NOTES - PHYSICIAN**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/10/2009 13:46 **Facility:** POLUNSKY (formerly TERRELL)

Age: 50 Years **Race:** W **Sex:** Male

Most recent vitals from 04/21/2009: BP: 164 / 82 (Sitting) ; Wt: 172 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 18 / min; Temp: 96.4 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Today's Problem:

cr tylenol 325 2 po bid x 30 kop ifa rf x 2

Electronically Signed by ZOND, ALAN D.O. on 06/10/2009.
Electronically Signed by SHAFER, MARGARET T on 06/10/2009.
Electronically Signed by PARKER, JENNIFER D CCA on 06/10/2009.
Electronically Signed by WILLIAMS, BERNADINE PCA on 06/12/2009.
Electronically Signed by FRANKLIN, TONYA FCSR on 06/12/2009.
Electronically Signed by MCINTOSH, CHRISTINA L CMA on 06/15/2009.
Electronically Signed by MARTIN, REMEMBER C CCA on 06/16/2009.
Electronically Signed by FOXWORTH, ARIANA FCSR on 06/17/2009.
Electronically Signed by MUDD, PAMELA F on 06/22/2009.
Electronically Signed by PRICE, PATRICIA L FCSR on 07/17/2009.
##And No Others##

Date: 12/04/2008 15:56
From: MICHAEL CHANCELLOR
To: COOLEY-JACKSON, SHANNON L(E);
Subject:
Re: PERRY AUSTIN

CORRECTIONAL MANAGED CARE

Mental Health Outpatient Clinic Note

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 12/04/2008 15:40 **Facility:** POLUNSKY (formerly TERRELL)

Age:49 **Race:** W **Sex:** Male

Patient Language: ENGLISH **Name of interpreter, if required:**

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

S: Pt. was seen as a follow-up after he verbally refused his psychiatric appointment. He stated that he is a private person and did not want to have the officers present during his appointment. He was assured that officers remain out of the room for the psychiatric appointments. He is willing to attend if rescheduled. He has been in prison since 1978 according to the pt. He admits that he has thoughts of self-harm, but is able to push the thoughts away. He does not want to kill himself.

O: Mental Status:

Orientation: x4

Behavior: cooperative

Speech: normal

Thought Process: lucid, organized (no delusions)

Thought Content: appropriate (free of hallucinations)

Memory: intact

Mood: dysphoric

Affect: congruent

Impulse Control: good

Insight & Judgment: fair

Suicidal/homicidal ideation: Thoughts, but no plans or intent

A: 311.0

P: See as scheduled by current MH provider

Procedures Ordered:

MH OP FOLLOW-UP: no diagnosis on axis i or axis ii, mental health care 0

Electronically Signed by ROY, JULIA L MA, SP on 12/04/2008.
##And No Others##

Date: 11/12/2008 11:32
From: JULIA ROY
To: GEORGE FONG G(E);
Subject: Austin, Perry 999410
Re: PERRY AUSTIN

See attached document. Pt. scheduled for a 90 Day Ad Seg assessment this month (11/08).
Please advise.

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 08/15/2008 16:05
Facility: POLUNSKY (formerly TERRELL)
Age:49 Race: W Sex: Male

Patient Language: ENGLISH Name of interpreter, if required:

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min;
Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES
Active Problems: *

Cars:

Mental Health Cars 0 First Observed 12/22/2005 07:56AM
Dental Cars 1 First Observed 03/27/2006 04:15PM

Nurse Protocol:

Np - Heartburn/indigestion First Observed 06/26/2008 01:17PM

Not Specified:

Tb Class 2 (infection, No Disease Pulm. Tuberculosis) First Observed 05/01/2002 12:00AM
Reflux Esophagitis First Observed 11/01/2002 12:00AM
Heartburn First Observed 03/15/2004 08:11AM
Vision First Observed 05/13/2004 10:35AM
Backache First Observed 02/02/2005 07:27AM
No Diagnosis On Axis I Or Axis II First Observed 02/23/2005 08:35AM
Medical Cars 1 First Observed 03/31/2006 11:22AM
Conjunctivitis Nos First Observed 11/08/2006 07:56AM
Age First Observed 10/25/2007 10:57AM
Observation- Cond Not Found First Observed 06/24/2008 01:47PM

*

Seen this date at (time): 15:50

S: Patient interviewed to determine urgency of mental health needs.

Referral Source:

- ☐ Chain screen
☒ Sick-call request/I-60 **Date Stamped:** __8/5/08 for R.P., SP_____
☐ Walk-in
☐ Referral from:_____

Reason for referral/complaint: I need to see someone from the psych-dept. about getting put on some medication for mental issues tha't getting worse.

☒ Discussed limits of confidentiality with offender. He/she verbalized understanding

****If returning from an inpatient facility insert the**

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: AUSTIN, PERRY A TDCJ#:999410 Date: 08/15/2008 16:05
Facility: POLUNSKY (formerly TERRELL)

**Offender Returning From I/P Psych Facility (MHRIPF) decision tree and
Suicide Risk Assessment**

Problems/Issues addressed: Pt. states that he has a hx of MH treatment up to 2004. He reports that he suffers from Suicidal depression. He has suicidal ideation all the time, but can usually manage it. In the past 3 weeks, he has been having crying spells 3-4 times per week, increased in paranoia and depression. He was advised by his lawyer to send in a SCR to the psych department on his unit. He admits feeling stressed lately, but did not go into detail as this visit was cell-side.

The pt. is a bit hurt that the department did not respond to the SCR. Pt. advised that if he is not seen in a few days, he needs to resubmit the SCR in case it did not reach it's destination.

Pt. reports that he has a free-world psychologist coming to see him in September.

O: Mental status/behavioral observations (*can use decision tree or complete yourself*)

Mental Status:

Orientation: x4

Behavior: cooperative

Speech: normal

Thought Process: lucid, organized (no delusions)

Thought Content: appropriate (free of hallucinations)

Memory: intact

Mood: sad, worried

Affect: blunted

Impulse Control: good

Insight & Judgment: normal

Suicidal/homicidal ideation: No plan or intent

MENTAL HEALTH SUICIDE RISK ASSESSMENT

Subjective

Reason For Referral

Offender Is At Possible Risk/Threatening Self-Injury

Offender Report

Offender Denies Or Has No Current Plans For Suicide Or Self-Injury

Objective

History

Off Has Hx Of Self-Injurious Behavior, But No Incidents W/In Past 12 Mths

Long-Term Risk Factors Include (Check All That Apply)

Lengthy Sentence

Acute Risk Factors Include (Check All That Apply)

Increased Fear, Pressure, Or Threats From Other Offenders

Assessment

Assessment Of Self-Report

**CORRECTIONAL MANAGED CARE
OUTPATIENT MENTAL HEALTH SERVICES**

Triage Interview

Patient Name: AUSTIN, PERRY A

TDCJ#:999410

Date: 08/15/2008 16:05

Facility: POLUNSKY (formerly TERRELL)

Offender Denies Or Has No Current Plan For Suicide Or Self-Injury

Is Likely To Seek Help If S/He Changes His/Her Mind

Assessment Of Suicide Risk

Based Upon Available Data, It Is My Clinical Opinion That This Offender Is At

No Imminent Risk For A Potentially Lethal Suicide Attempt

- A:
- ☐ Urgent mental health needs identified
 - ☒ Non-urgent mental health needs identified
 - ☐ No apparent mental health needs
 - ☐ Currently receiving Mental Health treatment
 - ☐ Other:

- P: Refer to:
- ☐ QMHP
 - ☒ Psychiatrist/PA/NP (confer with)
 - ☐ Other:
 - x Return to clinic in __1 week _____ for follow-up (MHE)
 - ☐ See as scheduled by current mental health provider
 - ☐ Follow-up upon request or referral. Access to care procedure explained to patient.

Procedures Ordered:

MH OP SICK CALL/REFERRAL TRIAGE: no diagnosis on axis i or axis ii, mental health cars 0

Electronically Signed by ROY, JULIA L MA, SP on 08/15/2008.

Electronically Signed by POSLEY, ROSEMARY MA, SP on 08/25/2008.

Electronically Signed by FORD, LASHONDA R MS,LPC Intrn,SP on 08/28/2008.

##And No Others##

Date: 06/30/2008 11:38

From: REMEMBER MARTIN

To: BRANDI CARLIN L(E); CHRISTINA MCINTOSH L(E);

Subject:

Re: PERRY AUSTIN

PATIENT NAME: AUSTIN, PERRY A TDCJ: 999410 FACILITY:
POLUNSKY (formerly TERRELL)

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

Age: 49 Years **Race:** W **Sex:** Male

Most recent vitals from 06/24/2008: BP: 130 / 74 (Sitting) ; Wt: 169 Lbs.; Height: 70 In.; Pulse: 70 (Sitting) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required: NA
--

IF BASED ON COLLECTION OF THE FOLLOWING DATA YOUR JUDGEMENT IS THAT THE PATIENT'S PAIN MAY BE CARDIAC IN NATURE, REFER IMMEDIATELY TO THE CHEST PAIN PROTOCOL.

SCR INITIATED?	XX	YES	Date Received: 6/25/08
		NO	

NP - HEARTBURN/INDIGESTION

Subjective Data

1. Chief Complaint (Describe): C/O THAT THE ZANTAC IS NO LONGER WORKING FOR HIS GERD; STATES THAT HE HAD A PREVIOUS ORDER OF ZANTAC 150MG 2 TABS BID AND IT WAS LOWERED TO 1 TAB BID; THEN HE SAYS HE HAS BEEN TAKING ALMAG BOUGHT FROM COMMENSARY TO HELP RELEIVE THE PROBLEM; PT STATES THAT WHEN THE ORDER WAS CHANGED TO 1 TAB BID THAT HE CONTINUED TO TAKE THEM 2 AT A TIME; AFTER HE WAS SEEN ON THE 17TH HIS KOP WAS TAKEN AWAY; PT NOW REQUESTING A NEW MEDICATION OR THAT THE ZANTAC BE REORDERED 2 TABS BID;

2. Significant Medical History (Describe): NONE

3. History Of Recent Abdominal Surgery?

No

4. Habit History

Alcohol NA

Caffeine NA

5. Pain

Location (Specify): HEARTBURN;

Onset (Specify): SEVERAL YEARS AGO;

Frequency (Specify): DAILY;

Radiating (Specify): N/A

Intensity:

Severe

6. Aggravating Factors (Specify): SPICY FOOD;

7. Alleviating Factors (Specify): ZANTAC AND ALMAG HELP CALM IT DOWN;

8. Appetite:

Normal

9. Vomiting

No

Objective Data

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

1. General Appearance
Normal
 2. Skin
Warm
Dry
 3. Abdominal Inspection
Flat
 4. Abdominal Palpation
Soft
Tenderness
No
Rebound Tenderness
No
 5. Bowel Sounds
Normal
Quadrant
All
- Comments NOTIFY PROVIDER;

NURSING ACTION: If based upon your collection of the above data, a Registered Nurse's professional judgement is required or you have any question about how to proceed, you must consult with a Registered Nurse while the patient is still on site. Otherwise, proceed with protocol.

Complete an EKG and IMMEDIATELY refer to Physician/Midlevel Practitioner:

- Patient has history of HTN.
- Patient has history of cardiovascular disease.
- Pain radiates to back, chest, neck, arm or jaw.
- Pain is associated with nausea, vomiting, sweating or shortness of breath.

TREATMENT PLAN:

- Recheck any abnormal V/S and report to provider if indicated.
- 0
- If none of above signs and symptoms are present, offer aluminum/magnesium hydroxide, 2 tablets by mouth STAT, and observe for at least 30 minutes. **PRECAUTIONS:** Do not give if taking Tetracycline, Quinidine, Amphetamines, Levodopa or Dicumarol (thyroid medication).
- **If unrelieved**, obtain another set of vital signs and **notify Physician/Mid-level Practitioner immediately.**
- If relieved by antacid, then offer aluminum/magnesium hydroxide 1 or 2 tablets by mouth, as needed, for 7 days KOP. (Issue 15 tablets)

PATIENT INSTRUCTIONS:

If **relieved by antacid** then instruct patient:

- Drink plenty of fluids when eating.
- 0
- Do not lie down for at least 2 hours after eating.
- 1
- Avoid known irritants.

HSN-34 (9-04)

**Correctional Managed Care
NURSING PROTOCOL FOR
HEARTBURN / INDIGESTION**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 06/26/2008 13:16 **Facility:** POLUNSKY (formerly TERRELL)

2

- Eat smaller meal sizes, especially the last meal of the day.

3

- Resubmit sick call request or notify nurse if symptoms are not resolved.

PROVIDER NOTIFIED WITH ORDER RECIEVED
D/C CURRENT RANITADINE ORDER
OMEPRAZOLE 20MG 1 TAB BID X 30 DAYS WITH 11 REFILLS
VO G. PORRAS MD/ J FULLER, JR LVN

Procedures Ordered:

*NURSING PATIENT EDUCATION: np - heartburn/indigestion

NURSING LEVEL 1 COMPLETE VISIT: np - heartburn/indigestion

Electronically Signed by FULLER, JOHNNY R L.V.N. on 06/26/2008.
##And No Others##

Date: 04/18/2008 08:40
From: TERESA POPE
To: ALAN ZOND(E);
Subject: AUSTIN #999410
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications:

Sick Call Request received Apr 18, 2008 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

RANITIDINE 150 MG 2 TABS BID FOR 30 DAYS KOP WITH 5 REFILLS
VO DR.ZOND/T.POPE RN

Date: 01/18/2008 23:08
From: NELDA WILLIAMS
To: GUILLERMO PORRAS(E);
Cc: JENNIFER PARKER D(E);
Subject:
Re: PERRY AUSTIN

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Facility:** POLUNSKY (formerly TERRELL)

Current Medications:

Sick Call Request received Jan 18, 2008 requesting medications be renewed. Please review and take action as clinically indicated. Thank you.

RENEW MED. RANITIDINE 150MG TAB TAKE 2 TABLETS 2 TIMES EVERY DAY FOR 30 DAYS KOP REFILL X 2

V/O DR. PORRAS/ N. WILLIAMS RN

Date: 08/15/2006 08:42
From: DEANNA OVERBECK
To: REMEMBER MARTIN C(E);
Subject: Austin # 999410
Re: PERRY AUSTIN

please refer to optom

**Correctional Managed Care
VISUAL ACUITY TEST**

Patient Name: AUSTIN, PERRY A **TDCJ#:** 999410 **Date:** 08/15/2006 08:20 **Facility:** POLUNSKY (formerly TERRELL)

Age: 47 Years **Race:** W **Sex:** Male

Most recent vitals from 08/11/2006: BP: 120 / 82 (Sitting) ; Wt: 167 Lbs.; Height: 70 In.; Pulse: 64 (Sitting) ; Resp: 14 / min; Temp: 98 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:

Wears glasses: Yes: No: X
TDCJ issues: Yes: No: X
Date issued: 1998- HARRIS CO.

FAR VISION (20 FEET OPTICAL CHART)

WITHOUT GLASSES

RIGHT EYE:	20/200
LEFT EYE:	20/200
BOTH EYES:	20/200

WITH GLASSES

RIGHT EYE:	20/200
LEFT EYE:	20/200
BOTH EYES:	20/50

NEAR VISION (ROSENBAUM NEAR CARD)

WITHOUT GLASSES

RIGHT EYE:	20/200
LEFT EYE:	20/200
BOTH EYES:	20/100

WITH GLASSES

RIGHT EYE:	20/400
LEFT EYE:	20/400
BOTH EYES:	20/70

PATIENT VISION COMPLAINT: VISION IS BLURRY, GLASSES WERE ISSUED IN HARRIS CO. JAIL

DISPOSITION (X one below):

NO REFERRAL NEEDED
REFER TO MD/MLP

X

Electronically Signed by VICKERS, SUSAN L on 08/15/2006.
Electronically Signed by OVERBECK, DEANNA E NP on 08/15/2006.
##And No Others##

Date: 03/08/2005 07:01
From: ROBERT YOUNG
To: SUSAN VICKERS L(E);
Subject: Naprosyn
Re: PERRY AUSTIN

PATIENT NAME: AUSTIN, PERRY A TDCJ: 999410 FACILITY:
POLUNSKY (formerly TERRELL)

Pt was scheduled to be seen today per Warden for his Naprosyn from Zond but Zond did not order any meds. He was only seeing him for low row restriction. Pt has severe Hx of GERD and was DC'd from all NSAIDs and should take Tylenols only. I will order some Tylenol today.

Date: 05/17/2004 07:45
From: ROBERT YOUNG
To: BETH DRIVER D(E);
Subject: VAT
Re: PERRY AUSTIN

Refer to Optom